

**Fill in this information to identify your case:**

United States Bankruptcy Court for the:

MIDDLE DISTRICT OF NORTH CAROLINA

Case number (if known) Chapter 7☐ Check if this an amended filing

## Official Form 201

**Voluntary Petition for Non-Individuals Filing for Bankruptcy**

4/16

If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and case number (if known). For more information, a separate document, *Instructions for Bankruptcy Forms for Non-Individuals*, is available.

1. Debtor's name Lowgap Grocery & Grill, LLC

2. All other names debtor used in the last 8 years

Include any assumed names, trade names and *doing business as* names

3. Debtor's federal Employer Identification Number (EIN) 45-5450650

4. Debtor's address

Principal place of business

Mailing address, if different from principal place of business

8773 W. Pine St  
Lowgap, NC 27024

Number, Street, City, State &amp; ZIP Code

PO Box 130  
Lowgap, NC 27024

P.O. Box, Number, Street, City, State &amp; ZIP Code

Surry

County

Location of principal assets, if different from principal place of business

Number, Street, City, State &amp; ZIP Code

5. Debtor's website (URL) \_\_\_\_\_

6. Type of debtor

☒ Corporation (including Limited Liability Company (LLC) and Limited Liability Partnership (LLP))☐ Partnership (excluding LLP)☐ Other. Specify: \_\_\_\_\_

Debtor **Lowgap Grocery & Grill, LLC**  
Name

Case number (if known)

**7. Describe debtor's business****A. Check one:**

- ☐ Health Care Business (as defined in 11 U.S.C. § 101(27A))
- ☐ Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))
- ☐ Railroad (as defined in 11 U.S.C. § 101(44))
- ☐ Stockbroker (as defined in 11 U.S.C. § 101(53A))
- ☐ Commodity Broker (as defined in 11 U.S.C. § 101(6))
- ☐ Clearing Bank (as defined in 11 U.S.C. § 781(3))
- ☒ None of the above

**B. Check all that apply**

- ☐ Tax-exempt entity (as described in 26 U.S.C. §501)
- ☐ Investment company, including hedge fund or pooled investment vehicle (as defined in 15 U.S.C. §80a-3)
- ☐ Investment advisor (as defined in 15 U.S.C. §80b-2(a)(11))

**C. NAICS (North American Industry Classification System) 4-digit code that best describes debtor.**  
See <http://www.uscourts.gov/four-digit-national-association-naics-codes>.

\_\_\_\_\_

**8. Under which chapter of the Bankruptcy Code is the debtor filing?****Check one:**☒ Chapter 7☐ Chapter 9☐ Chapter 11. **Check all that apply:**

- ☐ Debtor's aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$2,566,050 (amount subject to adjustment on 4/01/19 and every 3 years after that).
- ☐ The debtor is a small business debtor as defined in 11 U.S.C. § 101(51D). If the debtor is a small business debtor, attach the most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return or if all of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).
- ☐ A plan is being filed with this petition.
- ☐ Acceptances of the plan were solicited prepetition from one or more classes of creditors, in accordance with 11 U.S.C. § 1126(b).
- ☐ The debtor is required to file periodic reports (for example, 10K and 10Q) with the Securities and Exchange Commission according to § 13 or 15(d) of the Securities Exchange Act of 1934. File the *attachment to Voluntary Petition for Non-Individuals Filing for Bankruptcy under Chapter 11* (Official Form 201A) with this form.
- ☐ The debtor is a shell company as defined in the Securities Exchange Act of 1934 Rule 12b-2.

☐ Chapter 12**9. Were prior bankruptcy cases filed by or against the debtor within the last 8 years?**☒ No.☐ Yes.

If more than 2 cases, attach a separate list.

District _____	When _____	Case number _____
District _____	When _____	Case number _____

**10. Are any bankruptcy cases pending or being filed by a business partner or an affiliate of the debtor?**☒ No☐ Yes.

List all cases. If more than 1, attach a separate list

Debtor _____	Relationship _____
District _____	When _____ Case number, if known _____

Debtor **Lowgap Grocery & Grill, LLC**  
Name

Case number (if known)

**11. Why is the case filed in this district?***Check all that apply:*

- ☒ Debtor has had its domicile, principal place of business, or principal assets in this district for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other district.
- ☐ A bankruptcy case concerning debtor's affiliate, general partner, or partnership is pending in this district.

**12. Does the debtor own or have possession of any real property or personal property that needs immediate attention?**☐ No☒ Yes.

Answer below for each property that needs immediate attention. Attach additional sheets if needed.

**Why does the property need immediate attention?** (Check all that apply.)

- ☒ It poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety.

What is the hazard? **UST-Tanks**

- ☐ It needs to be physically secured or protected from the weather.
- ☐ It includes perishable goods or assets that could quickly deteriorate or lose value without attention (for example, livestock, seasonal goods, meat, dairy, produce, or securities-related assets or other options).
- ☐ Other

**Where is the property?****8773 W. Pine St  
Lowgap, NC, 27024-0000**

Number, Street, City, State &amp; ZIP Code

**Is the property insured?**☒ No☐ Yes. Insurance agency

Contact name

Phone

**Statistical and administrative information****13. Debtor's estimation of available funds***Check one:*

- ☐ Funds will be available for distribution to unsecured creditors.
- ☒ After any administrative expenses are paid, no funds will be available to unsecured creditors.

**14. Estimated number of creditors**☐ 1-49☒ 50-99☐ 100-199☐ 200-999☐ 1,000-5,000☐ 5001-10,000☐ 10,001-25,000☐ 25,001-50,000☐ 50,001-100,000☐ More than 100,000**15. Estimated Assets**☐ \$0 - \$50,000☐ \$50,001 - \$100,000☒ \$100,001 - \$500,000☐ \$500,001 - \$1 million☐ \$1,000,001 - \$10 million☐ \$10,000,001 - \$50 million☐ \$50,000,001 - \$100 million☐ \$100,000,001 - \$500 million☐ \$500,000,001 - \$1 billion☐ \$1,000,000,001 - \$10 billion☐ \$10,000,000,001 - \$50 billion☐ More than \$50 billion**16. Estimated liabilities**☐ \$0 - \$50,000☐ \$50,001 - \$100,000☐ \$100,001 - \$500,000☒ \$500,001 - \$1 million☐ \$1,000,001 - \$10 million☐ \$10,000,001 - \$50 million☐ \$50,000,001 - \$100 million☐ \$100,000,001 - \$500 million☐ \$500,000,001 - \$1 billion☐ \$1,000,000,001 - \$10 billion☐ \$10,000,000,001 - \$50 billion☐ More than \$50 billion

Debtor **Lowgap Grocery & Grill, LLC**  
Name

Case number (if known)

**Request for Relief, Declaration, and Signatures****WARNING** -- Bankruptcy fraud is a serious crime. Making a false statement in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.**17. Declaration and signature  
of authorized  
representative of debtor**

The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.

I have been authorized to file this petition on behalf of the debtor.

I have examined the information in this petition and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on **April 3, 2018**  
MM / DD / YYYY**X /s/ Steven Rohlifing**

Signature of authorized representative of debtor

**Steven Rohlifing**

Printed name

Title **Managing Member****18. Signature of attorney****X /s/ Steven Kent Taylor**

Signature of attorney for debtor

Date **April 3, 2018**

MM / DD / YYYY

**Steven Kent Taylor 32333**

Printed name

**Taylor Law Office, P.C.**

Firm name

**2280 S. Church St.****Suite 203****Burlington, NC 27215**

Number, Street, City, State &amp; ZIP Code

Contact phone **336-376-7060**Email address **Marshall@Taylorlawnc.com****32333 NC**

Bar number and State

**Fill in this information to identify the case:**Debtor name Lowgap Grocery & Grill, LLCUnited States Bankruptcy Court for the: MIDDLE DISTRICT OF NORTH CAROLINA

Case number (if known) \_\_\_\_\_

☐ Check if this is an amended filing

## Official Form 202

**Declaration Under Penalty of Perjury for Non-Individual Debtors**

12/15

An individual who is authorized to act on behalf of a non-individual debtor, such as a corporation or partnership, must sign and submit this form for the schedules of assets and liabilities, any other document that requires a declaration that is not included in the document, and any amendments of those documents. This form must state the individual's position or relationship to the debtor, the identity of the document, and the date. Bankruptcy Rules 1008 and 9011.

**WARNING -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.**

**Declaration and signature**

I am the president, another officer, or an authorized agent of the corporation; a member or an authorized agent of the partnership; or another individual serving as a representative of the debtor in this case.

I have examined the information in the documents checked below and I have a reasonable belief that the information is true and correct:

- ☐ *Schedule A/B: Assets—Real and Personal Property* (Official Form 206A/B)
- ☐ *Schedule D: Creditors Who Have Claims Secured by Property* (Official Form 206D)
- ☐ *Schedule E/F: Creditors Who Have Unsecured Claims* (Official Form 206E/F)
- ☐ *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G)
- ☐ *Schedule H: Codebtors* (Official Form 206H)
- ☐ *Summary of Assets and Liabilities for Non-Individuals* (Official Form 206Sum)
- ☐ *Amended Schedule*
- ☐ *Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders* (Official Form 204)
- ☐ Other document that requires a declaration \_\_\_\_\_

I declare under penalty of perjury that the foregoing is true and correct.

Executed on April 3, 2018**X /s/ Steven Rohlfig**

Signature of individual signing on behalf of debtor

**Steven Rohlfig**

Printed name

**Managing Member**

Position or relationship to debtor

**Fill in this information to identify the case:**Debtor name Lowgap Grocery & Grill, LLCUnited States Bankruptcy Court for the: MIDDLE DISTRICT OF NORTH CAROLINA

Case number (if known) \_\_\_\_\_

☐ Check if this is an amended filing**Official Form 206Sum  
Summary of Assets and Liabilities for Non-Individuals**

12/15

**Part 1: Summary of Assets****1. Schedule A/B: Assets-Real and Personal Property** (Official Form 206A/B)**1a. Real property:**Copy line 88 from *Schedule A/B*..... \$ 455,920.00**1b. Total personal property:**Copy line 91A from *Schedule A/B*..... \$ 4,073.65**1c. Total of all property:**Copy line 92 from *Schedule A/B*..... \$ 459,993.65**Part 2: Summary of Liabilities****2. Schedule D: Creditors Who Have Claims Secured by Property** (Official Form 206D)Copy the total dollar amount listed in Column A, *Amount of claim*, from line 3 of *Schedule D*..... \$ 873,816.71**3. Schedule E/F: Creditors Who Have Unsecured Claims** (Official Form 206E/F)**3a. Total claim amounts of priority unsecured claims:**Copy the total claims from Part 1 from line 5a of *Schedule E/F*..... \$ 12,209.34**3b. Total amount of claims of nonpriority amount of unsecured claims:**Copy the total of the amount of claims from Part 2 from line 5b of *Schedule E/F*..... +\$ 51,938.83**4. Total liabilities** .....  
Lines 2 + 3a + 3b\$ 937,964.88

**Fill in this information to identify the case:**Debtor name Lowgap Grocery & Grill, LLCUnited States Bankruptcy Court for the: MIDDLE DISTRICT OF NORTH CAROLINA

Case number (if known) \_\_\_\_\_

☐ Check if this is an amended filing**Official Form 206A/B  
Schedule A/B: Assets - Real and Personal Property**

12/15

Disclose all property, real and personal, which the debtor owns or in which the debtor has any other legal, equitable, or future interest. Include all property in which the debtor holds rights and powers exercisable for the debtor's own benefit. Also include assets and properties which have no book value, such as fully depreciated assets or assets that were not capitalized. In Schedule A/B, list any executory contracts or unexpired leases. Also list them on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G).

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. At the top of any pages added, write the debtor's name and case number (if known). Also identify the form and line number to which the additional information applies. If an additional sheet is attached, include the amounts from the attachment in the total for the pertinent part.

For Part 1 through Part 11, list each asset under the appropriate category or attach separate supporting schedules, such as a fixed asset schedule or depreciation schedule, that gives the details for each asset in a particular category. List each asset only once. In valuing the debtor's interest, do not deduct the value of secured claims. See the instructions to understand the terms used in this form.

**Part 1: Cash and cash equivalents****1. Does the debtor have any cash or cash equivalents?**

- ☐ No. Go to Part 2.  
☒ Yes Fill in the information below.

**All cash or cash equivalents owned or controlled by the debtor****Current value of debtor's interest**

<b>2. Cash on hand</b>			<b>\$287.43</b>
<hr/>			
<b>3. Checking, savings, money market, or financial brokerage accounts (Identify all)</b>			
Name of institution (bank or brokerage firm)	Type of account	Last 4 digits of account number	
3.1. <u>Surrey Bank &amp; Trust</u>	<u>Checking: Store Account</u>	<u>4537</u>	<u>\$13.53</u>
3.2. <u>Surrey Bank &amp; Trust</u>	<u>Lottery Account</u>	<u>4499</u>	<u>\$0.00</u>
3.3. <u>Surrey Bank &amp; Trust</u>	<u>Checking: General Account</u>	<u>4480</u>	<u>\$0.00</u>
3.4. <u>Surrey Bank &amp; Trust</u>	<u>Checking: Capital Improvement</u>	<u>5495</u>	<u>\$0.00</u>
3.5. <u>First Citizens Bank</u>	<u>Business Checking</u>	<u>2029</u>	<u>\$51.69</u>
3.6. <u>Carter Bank &amp; Trust (Fuel Clearing Account)</u>	<u>Checking</u>	<u>1101</u>	<u>\$0.00</u>

Debtor Lowgap Grocery & Grill, LLC  
Name

Case number (If known) \_\_\_\_\_

4. **Other cash equivalents (Identify all)**5. **Total of Part 1.**

Add lines 2 through 4 (including amounts on any additional sheets). Copy the total to line 80.

\$352.65**Part 2: Deposits and Prepayments**6. **Does the debtor have any deposits or prepayments?**

- ☐ No. Go to Part 3.
- ☒ Yes Fill in the information below.

7. **Deposits, including security deposits and utility deposits**  
Description, including name of holder of deposit7.1. Security Deposit to Duke Power\$3,000.008. **Prepayments, including prepayments on executory contracts, leases, insurance, taxes, and rent**  
Description, including name of holder of prepayment8.1. Prepaid Insurance\$0.008.2. Prepaid License for UST registrationUnknown9. **Total of Part 2.**

Add lines 7 through 8. Copy the total to line 81.

\$3,000.00**Part 3: Accounts receivable**10. **Does the debtor have any accounts receivable?**

- ☐ No. Go to Part 4.
- ☒ Yes Fill in the information below.

11. **Accounts receivable**

11b. Over 90 days old:	<u>2,800.00</u>	-	<u>2,500.00</u>	=....	<u>\$300.00</u>
	face amount		doubtful or uncollectible accounts		

12. **Total of Part 3.**

Current value on lines 11a + 11b = line 12. Copy the total to line 82.

\$300.00**Part 4: Investments**13. **Does the debtor own any investments?**

- ☒ No. Go to Part 5.
- ☐ Yes Fill in the information below.

**Part 5: Inventory, excluding agriculture assets**18. **Does the debtor own any inventory (excluding agriculture assets)?**

- ☐ No. Go to Part 6.
- ☒ Yes Fill in the information below.



Debtor Lowgap Grocery & Grill, LLC  
Name

Case number (If known) \_\_\_\_\_

	General description	Date of the last physical inventory	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
19.	Raw materials				
20.	Work in progress				
21.	Finished goods, including goods held for resale Inventory few canned goods and bags of ice in the ice freezers		\$0.00		\$20.00

22. Other inventory or supplies

23. Total of Part 5.

\$20.00

Add lines 19 through 22. Copy the total to line 84.

24. Is any of the property listed in Part 5 perishable?

☒ No☐ Yes

25. Has any of the property listed in Part 5 been purchased within 20 days before the bankruptcy was filed?

☒ No☐ Yes. Book value

Valuation method

Current Value

26. Has any of the property listed in Part 5 been appraised by a professional within the last year?

☒ No☐ Yes**Part 6: Farming and fishing-related assets (other than titled motor vehicles and land)**

27. Does the debtor own or lease any farming and fishing-related assets (other than titled motor vehicles and land)?

☒ No. Go to Part 7.☐ Yes Fill in the information below.**Part 7: Office furniture, fixtures, and equipment; and collectibles**

38. Does the debtor own or lease any office furniture, fixtures, equipment, or collectibles?

☐ No. Go to Part 8.☒ Yes Fill in the information below.

	General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
39.	Office furniture			
40.	Office fixtures			
41.	Office equipment, including all computer equipment and communication systems equipment and software Computer	\$0.00		\$400.00

42. **Collectibles** Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; china and crystal; stamp, coin, or baseball card collections; other collections, memorabilia, or collectibles

Debtor Lowgap Grocery & Grill, LLC  
Name

Case number (If known) \_\_\_\_\_

43. **Total of Part 7.**

Add lines 39 through 42. Copy the total to line 86.

**\$400.00**44. **Is a depreciation schedule available for any of the property listed in Part 7?**

- ☒ No  
☐ Yes

45. **Has any of the property listed in Part 7 been appraised by a professional within the last year?**

- ☒ No  
☐ Yes

**Part 8: Machinery, equipment, and vehicles**46. **Does the debtor own or lease any machinery, equipment, or vehicles?**

- ☐ No. Go to Part 9.  
☒ Yes Fill in the information below.

**General description**

Include year, make, model, and identification numbers (i.e., VIN, HIN, or N-number)

**Net book value of debtor's interest**  
(Where available)**Valuation method used for current value****Current value of debtor's interest**47. **Automobiles, vans, trucks, motorcycles, trailers, and titled farm vehicles**48. **Watercraft, trailers, motors, and related accessories** *Examples: Boats, trailers, motors, floating homes, personal watercraft, and fishing vessels*49. **Aircraft and accessories**50. **Other machinery, fixtures, and equipment (excluding farm machinery and equipment)****Equipment all grill equipment believed to be fixtures and part of real property****\$0.00****\$1.00**51. **Total of Part 8.**

Add lines 47 through 50. Copy the total to line 87.

**\$1.00**52. **Is a depreciation schedule available for any of the property listed in Part 8?**

- ☒ No  
☐ Yes

53. **Has any of the property listed in Part 8 been appraised by a professional within the last year?**

- ☒ No  
☐ Yes

**Part 9: Real property**54. **Does the debtor own or lease any real property?**

- ☐ No. Go to Part 10.  
☒ Yes Fill in the information below.

55. **Any building, other improved real estate, or land which the debtor owns or in which the debtor has an interest****Description and location of property**

Include street address or other description such as Assessor Parcel Number (APN), and type of property (for example, acreage, factory, warehouse,

**Nature and extent of debtor's interest in property****Net book value of debtor's interest**  
(Where available)**Valuation method used for current value****Current value of debtor's interest**

Debtor **Lowgap Grocery & Grill, LLC**  
Name

Case number (If known)

apartment or office building, if  
available.

55.1. **8773 W. Pine St.,  
Lowgap, NC 27024  
Convenience Store  
and Restaurant and  
land and house  
located on lot next  
door but uses street  
address of 8793 W.  
Pine Street. All  
secured under same  
note.**

Fee simple

\$650,799.34

tax value

\$455,920.00

56. **Total of Part 9.**

Add the current value on lines 55.1 through 55.6 and entries from any additional sheets.  
Copy the total to line 88.

**\$455,920.00**57. **Is a depreciation schedule available for any of the property listed in Part 9?**☒ No☐ Yes58. **Has any of the property listed in Part 9 been appraised by a professional within the last year?**☒ No☐ Yes**Part 10: Intangibles and intellectual property**59. **Does the debtor have any interests in intangibles or intellectual property?**☐ No. Go to Part 11.☒ Yes Fill in the information below.

General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
60. <b>Patents, copyrights, trademarks, and trade secrets</b>			
61. <b>Internet domain names and websites</b>			
62. <b>Licenses, franchises, and royalties</b>			
63. <b>Customer lists, mailing lists, or other compilations</b>			
64. <b>Other intangibles, or intellectual property</b>			
65. <b>Goodwill Good Will</b>	<b>\$0.00</b>		<b>Unknown</b>

66. **Total of Part 10.**

Add lines 60 through 65. Copy the total to line 89.

**\$0.00**67. **Do your lists or records include personally identifiable information of customers** (as defined in 11 U.S.C. §§ 101(41A) and 107?)☒ No☐ Yes68. **Is there an amortization or other similar schedule available for any of the property listed in Part 10?**☒ No☐ Yes

Debtor **Lowgap Grocery & Grill, LLC**  
Name

Case number (If known)

69. **Has any of the property listed in Part 10 been appraised by a professional within the last year?**

☒ No

☐ Yes

**Part 11: All other assets**

70. **Does the debtor own any other assets that have not yet been reported on this form?**

Include all interests in executory contracts and unexpired leases not previously reported on this form.

☒ No. Go to Part 12.

☐ Yes Fill in the information below.

Debtor Lowgap Grocery & Grill, LLC  
Name

Case number (If known) \_\_\_\_\_

**Part 12: Summary**

In Part 12 copy all of the totals from the earlier parts of the form

Type of property	Current value of personal property	Current value of real property
80. <b>Cash, cash equivalents, and financial assets.</b> <i>Copy line 5, Part 1</i>	<u>\$352.65</u>	
81. <b>Deposits and prepayments.</b> <i>Copy line 9, Part 2.</i>	<u>\$3,000.00</u>	
82. <b>Accounts receivable.</b> <i>Copy line 12, Part 3.</i>	<u>\$300.00</u>	
83. <b>Investments.</b> <i>Copy line 17, Part 4.</i>	<u>\$0.00</u>	
84. <b>Inventory.</b> <i>Copy line 23, Part 5.</i>	<u>\$20.00</u>	
85. <b>Farming and fishing-related assets.</b> <i>Copy line 33, Part 6.</i>	<u>\$0.00</u>	
86. <b>Office furniture, fixtures, and equipment; and collectibles.</b> <i>Copy line 43, Part 7.</i>	<u>\$400.00</u>	
87. <b>Machinery, equipment, and vehicles.</b> <i>Copy line 51, Part 8.</i>	<u>\$1.00</u>	
88. <b>Real property.</b> <i>Copy line 56, Part 9.....&gt;</i>		<u>\$455,920.00</u>
89. <b>Intangibles and intellectual property.</b> <i>Copy line 66, Part 10.</i>	<u>\$0.00</u>	
90. <b>All other assets.</b> <i>Copy line 78, Part 11.</i>	+ <u>\$0.00</u>	
91. <b>Total.</b> Add lines 80 through 90 for each column	<u>\$4,073.65</u>	+ 91b. <u>\$455,920.00</u>
92. <b>Total of all property on Schedule A/B.</b> Add lines 91a+91b=92		<u>\$459,993.65</u>

91C (09/13)

**UNITED STATES BANKRUPTCY COURT  
MIDDLE DISTRICT OF NORTH CAROLINA**

**In the Matter of:**  
**Lowgap Grocery & Grill, LLC**

**Case No.** \_\_\_\_\_

**DEBTOR'S CLAIM FOR PROPERTY EXEMPTIONS**

**Debtor.**

I, **Steven Rohlfing**, the undersigned debtor, hereby claim the following property as exempt pursuant to 11 U.S.C. § 522(b)(3)(A), (B), and (C), the Laws of the State of North Carolina, and non-bankruptcy federal law.

☐ Check if the debtor claims as exempt any amount of interest that exceeds \$125,000 in value in property that the debtor or a dependent of the debtor uses as a residence.

1. **REAL OR PERSONAL PROPERTY USED BY DEBTOR OR DEBTOR'S DEPENDENT AS RESIDENCE OR BURIAL PLOT.** (NCGS 1C-1601(a)(1)).

Select appropriate exemption amount below:

- ☒ Total net value not to exceed \$35,000.  
☐ Total net value not to exceed \$60,000. (Debtor is unmarried, 65 years of age or older, property was previously owned by debtor as tenant by the entireties or joint tenant with rights of survivorship, and former co-owner is deceased.)

Description of Property & Address -NONE-	Market Value	Mtg. Holder or Lien Holder(s)	Amt. Mtg. or Lien	Net Value
(a) Total Net Value			\$	<b>0.00</b>
Total Net Exemption			\$	<b>0.00</b>
(b) Unused portion of exemption, not to exceed \$5,000. (This amount, if any, may be carried forward and used to claim an exemption in any property owned by the debtor. (NCGS 1C-1601(a)(2)).			\$	<b>5,000.00</b>

2. **TENANCY BY THE ENTIRETY.** The following property is claimed as exempt pursuant to 11 U.S.C. § 522(b)(3)(B) and the laws of the State of North Carolina pertaining to property held as tenants by the entirety.

Description of Property & Address -NONE-	Market Value	Mtg. Holder or Lien Holder(s)	Amt. Mtg. or Lien	Net Value
---------------------------------------------	--------------	-------------------------------	-------------------	-----------

3. **MOTOR VEHICLE.** (NCGS 1C-1601(a)(3). Only one vehicle allowed under this paragraph with net value claimed as exempt not to exceed \$3,500.)

Year, Make, Model of Auto -NONE-	Market Value	Lien Holder(s)	Amt. Lien	Net Value
(a) Statutory allowance			\$	3,500
(b) Amount from 1 (b) above to be used in this paragraph. (A part or all of 1 (b) may be used as needed.)			\$	
Total Net Exemption			\$	<b>0.00</b>

4. **TOOLS OF TRADE, IMPLEMENTS, OR PROFESSIONAL BOOKS.** (NCGS 1C-1601(a)(5). Used by debtor or debtor's dependent. Total net value of all items claimed as exempt not to exceed \$2,000.)

Description -NONE-	Market Value	Lien Holder(s)	Amt. Lien	Net Value
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91C (09/13)

(a) Statutory allowance \$ 2,000

(b) Amount from 1 (b) above to be used in this paragraph.  
(A part or all of 1 (b) may be used as needed.) \$ \_\_\_\_\_

Total Net Exemption \$ 0.00

5. **PERSONAL PROPERTY USED FOR HOUSEHOLD OR PERSONAL PURPOSES NEEDED BY DEBTOR OR DEBTOR'S DEPENDENTS.** (NCGS 1C-1601(a)(4). Debtor's aggregate interest, not to exceed \$5,000 in value for the debtor plus \$1,000 for each dependent of the debtor, not to exceed \$4,000 total for dependents.)

Description	Market Value	Lien Holder(s)	Amt. Lien	Net Value
<b>-NONE-</b>				
Total Net Value				<b>0.00</b>
(a) Statutory allowance for debtor	\$		<u>5,000</u>	
(b) Statutory allowance for debtor's dependents: <u>0</u> dependents at \$1,000 each (not to exceed \$4,000 total for dependents)			<u>0.00</u>	
(c) Amount from 1(b) above to be used in this paragraph. (A part or all of 1 (b) may be used as needed.)			_____	
Total Net Exemption				<b>0.00</b>

6. **LIFE INSURANCE.** (As provided in Article X, Section 5 of North Carolina Constitution.)

Name of Insurance Company\Policy No.\Name of Insured\Policy Date\Name of Beneficiary  
**-NONE-**

7. **PROFESSIONALLY PRESCRIBED HEALTH AIDS (FOR DEBTOR OR DEBTOR'S DEPENDENTS).** (NCGS 1C-1601(a)(7). No limit on value or number of items.)

Description:  
**-NONE-**

8. **DEBTOR'S RIGHT TO RECEIVE FOLLOWING COMPENSATION:** (NCGS 1C-1601(a)(8). No limit on number or amount.)

A. \$ -NONE- Compensation for personal injury to debtor or to person whom debtor was dependent for support.  
B. \$ -NONE- Compensation for death of person of whom debtor was dependent for support.  
C. \$ -NONE- Compensation from private disability policies or annuities.

9. **INDIVIDUAL RETIREMENT PLANS AS DEFINED IN THE INTERNAL REVENUE CODE AND ANY PLAN TREATED IN THE SAME MANNER AS AN INDIVIDUAL RETIREMENT PLAN UNDER THE INTERNAL REVENUE CODE.** (NCGS 1C-1601(a)(9). No limit on number or amount.) **AND OTHER RETIREMENT FUNDS DEFINED IN 11 U.S.C. § 522(b)(3)(c).**

Detailed Description	Value
<b>-NONE-</b>	

10. **COLLEGE SAVINGS PLANS QUALIFIED UNDER SECTION 529 OF THE INTERNAL REVENUE CODE.** (NCGS 1C-1601(a)(10). Total net value not to exceed \$25,000 and may not include any funds placed in a college saving plan within the preceding 12 months not in the ordinary course of the debtor's financial affairs. This exemption applies only to the extent that the funds are for a child of the debtor and will actually be used for the child's college or university expenses.)

Detailed Description	Value
<b>-NONE-</b>	

91C (09/13)

11. **RETIREMENT BENEFITS UNDER A RETIREMENT PLAN OF OTHER STATE AND GOVERNMENTAL UNITS OF OTHER STATES, TO THE EXTENT THOSE BENEFITS ARE EXEMPT UNDER THE LAWS OF THAT STATE OR GOVERNMENTAL UNIT.** (NCGS 1C-1601(a)(11). No limit on amount.)

**Description:****-NONE-**

12. **ALIMONY, SUPPORT, SEPARATION MAINTENANCE AND CHILD SUPPORT.** (NCGS 1C-1601(a)(12). No limit on amount to the extent such payments are reasonably necessary for the support of Debtor or dependent of Debtor.)

**Description:****-NONE-**

13. **ANY OTHER REAL OR PERSONAL PROPERTY WHICH DEBTOR DESIRES TO CLAIM AS EXEMPT THAT HAS NOT PREVIOUSLY BEEN CLAIMED ABOVE.** (NCGS 1C-1601(a)(2). The amount claimed may not exceed the remaining amount available under paragraph 1(b) which has not been used for other exemptions.)

<b>Description</b>	<b>Market Value</b>	<b>Lien Holder(s)</b>	<b>Amt. Lien</b>	<b>Net Value</b>
<b>-NONE-</b>				
(a) Total Net Value of property claimed in paragraph 13.			\$	<b>0.00</b>
(b) Total amount available from paragraph 1(b).			\$	<b>5,000.00</b>
(c) Less amounts from paragraph 1(b) which were used in the following paragraphs:				
Paragraph 3(b)	\$			
Paragraph 4(b)	\$			
Paragraph 5(c)	\$			
Net Balance Available from paragraph 1(b)			\$	<b>5,000.00</b>
Total Net Exemption			\$	

14. **OTHER EXEMPTIONS CLAIMED UNDER THE LAWS OF THE STATE OF NORTH CAROLINA:**

**-NONE-**

TOTAL VALUE OF PROPERTY CLAIMED AS EXEMPT \$ **0.00**

15. **EXEMPTIONS CLAIMED UNDER NON-BANKRUPTCY FEDERAL LAW:**

**-NONE-**

TOTAL VALUE OF PROPERTY CLAIMED AS EXEMPT \$ **0.00**

**16. RECENT PURCHASES**

The exemptions provided in NCGS 1C-1601(a)(2), (3), (4), and (5) are inapplicable with respect to tangible personal property purchased by the debtor less than 90 days preceding the initiation of judgment collection proceedings or the filing of a petition for bankruptcy, unless the purchase of the property is directly traceable to the liquidation or conversion of property that may be exempt and no additional property was transferred into or used to acquire the replacement property.

List tangible personal property purchased by the debtor less than 90 days preceding the filing of the bankruptcy petition:

<b>Description</b>	<b>Market Value</b>	<b>Lien Holder(s)</b>	<b>Amt. Lien</b>	<b>Net Value</b>
<b>-NONE-</b>				

DATE **April 3, 2018****/s/ Steven Rohlifing****Steven Rohlifing**

Debtor



**Fill in this information to identify the case:**Debtor name **Lowgap Grocery & Grill, LLC**United States Bankruptcy Court for the: **MIDDLE DISTRICT OF NORTH CAROLINA**

Case number (if known) \_\_\_\_\_

☐ Check if this is an amended filing**Official Form 206D****Schedule D: Creditors Who Have Claims Secured by Property****12/15****Be as complete and accurate as possible.****1. Do any creditors have claims secured by debtor's property?**☐ No. Check this box and submit page 1 of this form to the court with debtor's other schedules. Debtor has nothing else to report on this form.☒ Yes. Fill in all of the information below.**Part 1: List Creditors Who Have Secured Claims****2. List in alphabetical order all creditors who have secured claims.** If a creditor has more than one secured claim, list the creditor separately for each claim.

		Column A Amount of claim  Do not deduct the value of collateral.	Column B Value of collateral that supports this claim	
<b>2.1</b>	<b>Bluevine Capital Inc</b> <small>Creditor's Name</small> <b>401 Warren St., Ste 300</b> <b>Redwood City, CA 94063</b> <small>Creditor's mailing address</small>  <small>Creditor's email address, if known</small>  <b>Date debt was incurred</b>  <b>Last 4 digits of account number</b>  <b>Do multiple creditors have an interest in the same property?</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Specify each creditor, including this creditor and its relative priority. <b>1. Bluevine Capital Inc</b> <b>2. FiveTower LLC</b> <b>3. Forward Financing</b> <b>4. Mantis Funding, LLC</b> <b>5. OnDeck</b> <b>6. Platinum Rapid Funding Group LTD</b> <b>7. Yellowstone Capital, LLC</b>	Describe debtor's property that is subject to a lien <b>Over 90 days old: Old credit accounts for customers</b>  Describe the lien  Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Is anyone else liable on this claim? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H)  As of the petition filing date, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$36,284.22</b>	<b>\$300.00</b>

<b>2.2</b>	<b>FiveTower LLC</b> <small>Creditor's Name</small> <b>20191 NE 16th Place</b> <b>Miami, FL 33179</b> <small>Creditor's mailing address</small>  <small>Creditor's email address, if known</small>  <b>Date debt was incurred</b>	Describe debtor's property that is subject to a lien <b>Over 90 days old: Old credit accounts for customers</b>  Describe the lien  Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Is anyone else liable on this claim? <input type="checkbox"/> No	<b>\$47,020.08</b>	<b>\$300.00</b>
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Debtor **Lowgap Grocery & Grill, LLC**  
Name

Case number (if know)

☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

Last 4 digits of account number

Do multiple creditors have an interest in the same property?

☐ No☒ Yes. Specify each creditor, including this creditor and its relative priority.

Specified on line 2.1

As of the petition filing date, the claim is:

Check all that apply

☐ Contingent☐ Unliquidated☐ Disputed**2.3 Forward Financing**

Creditor's Name

**36 Bromfield Street, 2nd Floor  
Boston, MA 02108**

Creditor's mailing address

Creditor's email address, if known

Date debt was incurred

Last 4 digits of account number

Do multiple creditors have an interest in the same property?

☐ No☒ Yes. Specify each creditor, including this creditor and its relative priority.

Specified on line 2.1

Describe debtor's property that is subject to a lien

**Over 90 days old: Old credit accounts for customers****\$67,293.92****\$300.00**

Describe the lien

Is the creditor an insider or related party?

☒ No☐ Yes

Is anyone else liable on this claim?

☐ No☒ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

As of the petition filing date, the claim is:

Check all that apply

☐ Contingent☐ Unliquidated☐ Disputed**2.4 Mantis Funding, LLC**

Creditor's Name

**64 Beaver Street, Ste 344  
New York, NY 10004**

Creditor's mailing address

Creditor's email address, if known

Date debt was incurred

Last 4 digits of account number

Do multiple creditors have an interest in the same property?

☐ No☒ Yes. Specify each creditor, including this creditor and its relative priority.

Specified on line 2.1

Describe debtor's property that is subject to a lien

**Over 90 days old: Old credit accounts for customers****\$29,000.00****\$300.00**

Describe the lien

Is the creditor an insider or related party?

☒ No☐ Yes

Is anyone else liable on this claim?

☐ No☒ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

As of the petition filing date, the claim is:

Check all that apply

☐ Contingent☐ Unliquidated☐ Disputed**2.5 Newtek**

Describe debtor's property that is subject to a lien

**\$649,830.67****\$455,920.00**

Debtor **Lowgap Grocery & Grill, LLC** Case number (if know) \_\_\_\_\_

Name

Creditor's Name

**60 Hempstead Avenue, 6th  
Floor  
West Hempstead, NY 11552**

Creditor's mailing address

Creditor's email address, if known

Date debt was incurred

**03.24.16**

Last 4 digits of account number

**8988**Do multiple creditors have an  
interest in the same property?☒ No☐ Yes. Specify each creditor,  
including this creditor and its relative  
priority.**8773 W. Pine St., Lowgap, NC 27024  
Convenience Store and Restaurant and land  
and house located on lot next door but uses  
street address of 8793 W. Pine Street. All  
secured under same note.**

Describe the lien

**Small Business Loan**

Is the creditor an insider or related party?

☒ No☐ Yes

Is anyone else liable on this claim?

☐ No☒ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

As of the petition filing date, the claim is:

Check all that apply

☐ Contingent☐ Unliquidated☐ Disputed**2.6 OnDeck**

Creditor's Name

**1400 Broadway  
New York, NY 10018**

Creditor's mailing address

Creditor's email address, if known

Date debt was incurred

Last 4 digits of account number

Do multiple creditors have an  
interest in the same property?☐ No☒ Yes. Specify each creditor,  
including this creditor and its relative  
priority.**Specified on line 2.1**

Describe debtor's property that is subject to a lien

**Over 90 days old: Old credit accounts for  
customers****\$16,815.03****\$300.00**

Describe the lien

Is the creditor an insider or related party?

☒ No☐ Yes

Is anyone else liable on this claim?

☐ No☒ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

As of the petition filing date, the claim is:

Check all that apply

☐ Contingent☐ Unliquidated☐ Disputed**2.7 Platinum Rapid Funding  
Group LTD**

Creditor's Name

**348 RXR Plaza  
Uniondale, NY 11556**

Creditor's mailing address

Creditor's email address, if known

Date debt was incurred

Last 4 digits of account number

Describe debtor's property that is subject to a lien

**Over 90 days old: Old credit accounts for  
customers****\$14,460.79****\$300.00**

Describe the lien

Is the creditor an insider or related party?

☒ No☐ Yes

Is anyone else liable on this claim?

☐ No☒ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

Debtor **Lowgap Grocery & Grill, LLC**  
Name

Case number (if know)

**Do multiple creditors have an interest in the same property?**☐ No☒ Yes. Specify each creditor, including this creditor and its relative priority.**Specified on line 2.1****As of the petition filing date, the claim is:**

Check all that apply

☐ Contingent☐ Unliquidated☐ Disputed**2.8 Yellowstone Capital, LLC**

Creditor's Name

**30 Broad Street, 14th Floor,  
Ste 1462  
New York, NY 10004**

Creditor's mailing address

Describe debtor's property that is subject to a lien

**Over 90 days old: Old credit accounts for customers****\$13,112.00****\$300.00**

Describe the lien

**Is the creditor an insider or related party?**☒ No☐ Yes**Is anyone else liable on this claim?**☐ No☒ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

Creditor's email address, if known

**Date debt was incurred****Last 4 digits of account number****Do multiple creditors have an interest in the same property?**☐ No☒ Yes. Specify each creditor, including this creditor and its relative priority.**Specified on line 2.1****As of the petition filing date, the claim is:**

Check all that apply

☐ Contingent☐ Unliquidated☐ Disputed

3. Total of the dollar amounts from Part 1, Column A, including the amounts from the Additional Page, if any.

**\$873,816.71****Part 2: List Others to Be Notified for a Debt Already Listed in Part 1**

List in alphabetical order any others who must be notified for a debt already listed in Part 1. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for secured creditors.

If no others need to be notified for the debts listed in Part 1, do not fill out or submit this page. If additional pages are needed, copy this page.

Name and address

**Revenue Assurance Partners  
19399 Helenberg Rd., Stes. 5 & 6  
Covington, LA 70433**

On which line in Part 1 did you enter the related creditor?

Line **2.2**

Last 4 digits of account number for this entity

**7483**

**Fill in this information to identify the case:**Debtor name **Lowgap Grocery & Grill, LLC**United States Bankruptcy Court for the: **MIDDLE DISTRICT OF NORTH CAROLINA**

Case number (if known) \_\_\_\_\_

☐ Check if this is an amended filing**Official Form 206E/F****Schedule E/F: Creditors Who Have Unsecured Claims****12/15**

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY unsecured claims and Part 2 for creditors with NONPRIORITY unsecured claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G). Number the entries in Parts 1 and 2 in the boxes on the left. If more space is needed for Part 1 or Part 2, fill out and attach the Additional Page of that Part included in this form.

**Part 1: List All Creditors with PRIORITY Unsecured Claims****1. Do any creditors have priority unsecured claims?** (See 11 U.S.C. § 507).☐ No. Go to Part 2.☒ Yes. Go to line 2.**2. List in alphabetical order all creditors who have unsecured claims that are entitled to priority in whole or in part.** If the debtor has more than 3 creditors with priority unsecured claims, fill out and attach the Additional Page of Part 1.

		Total claim	Priority amount
2.1	Priority creditor's name and mailing address <b>Attorney General of North Carolina</b> <b>9001 Mail Service Center</b> <b>Raleigh, NC 27699-9001</b>  Date or dates debt was incurred _____  Last 4 digits of account number _____ Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: <b>Noticw</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b> <b>\$0.00</b>
2.2	Priority creditor's name and mailing address <b>Attorney General Of the United States</b> <b>US Dept. of Justice</b> <b>900 Pennsylvania Ave NW</b> <b>Washington, DC 20530</b>  Date or dates debt was incurred _____  Last 4 digits of account number _____ Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: <b>Notice</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b> <b>\$0.00</b>

Debtor	<b>Lowgap Grocery &amp; Grill, LLC</b> Name	Case number (if known)
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2.3	Priority creditor's name and mailing address <b>Credit Bureau</b> <b>PO Box 26140</b> <b>Greensboro, NC 27402</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$0.00</b>	<b>\$0.00</b>
Date or dates debt was incurred		Basis for the claim: <b>Notice</b>		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.4	Priority creditor's name and mailing address <b>Employment Security Commission Of NC</b> <b>700 Wade Avenue</b> <b>Raleigh, NC 27605</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$0.00</b>	<b>\$0.00</b>
Date or dates debt was incurred		Basis for the claim: <b>Notice</b>		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.5	Priority creditor's name and mailing address <b>Internal Revenue Service</b> <b>Centralized Insolvency</b> <b>P.O. Box 7346</b> <b>Philadelphia, PA 19101</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$0.00</b>	<b>\$0.00</b>
Date or dates debt was incurred		Basis for the claim: <b>Notice</b>		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.6	Priority creditor's name and mailing address <b>NC Department of Revenue</b> <b>PO Box 25000</b> <b>Raleigh, NC 27640</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$10,279.47</b>	<b>\$10,279.47</b>
Date or dates debt was incurred		Basis for the claim: <b>Sales Tax Payable estimated to all be penalty and interest</b>		
Last 4 digits of account number <b>Sales Tax</b> Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	<b>Lowgap Grocery &amp; Grill, LLC</b>		Case number (if known)
	Name		

  

2.7	Priority creditor's name and mailing address <b>North Carolina ABC Commission</b> <b>400 E. Tryon Rd</b> <b>Raleigh, NC 27610</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$0.00</b>	<b>\$0.00</b>
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.8	Priority creditor's name and mailing address <b>Supremem Court of the State of New York</b> <b>Orange County</b> <b>Goshen, NY 10924</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$0.00</b>	<b>\$0.00</b>
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.9	Priority creditor's name and mailing address <b>Surry County</b> <b>118 Hamby Road</b> <b>Dobson, NC 27017</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$1,929.87</b>	<b>\$1,929.87</b>
	Date or dates debt was incurred	Basis for the claim: <b>Property taxes</b>		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.10	Priority creditor's name and mailing address <b>Surry County Clerk of Superior Court</b> <b>201 E. Kapp St.</b> <b>Dobson, NC 27017</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$0.00</b>	<b>\$0.00</b>
	Date or dates debt was incurred	Basis for the claim: <b>Notice</b>		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	<b>Lowgap Grocery &amp; Grill, LLC</b> Name	Case number (if known)	
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2.11	Priority creditor's name and mailing address <b>Surry County Tax Dept</b> <b>PO Box 576</b> <b>Dobson, NC 27017-0576</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00	\$0.00
Date or dates debt was incurred		Basis for the claim: <b>Notice</b>		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.12	Priority creditor's name and mailing address <b>Wake County District Court</b> <b>P.O. Box 351</b> <b>Raleigh, NC 27602</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00	\$0.00
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

**Part 2: List All Creditors with NONPRIORITY Unsecured Claims**

3. List in alphabetical order all of the creditors with nonpriority unsecured claims. If the debtor has more than 6 creditors with nonpriority unsecured claims, fill out and attach the Additional Page of Part 2.

			Amount of claim
--	--	--	-----------------

  

3.1	Nonpriority creditor's name and mailing address <b>Advance Consumer Electronics</b> <b>5103 HWY 158 West</b> <b>Advance, NC 27006</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$635.19
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3.2	Nonpriority creditor's name and mailing address <b>Air-Serv</b> <b>3201 W. Royal Lane, Suite 100</b> <b>Irving, TX 75063</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <b>1 coin tire pump</b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
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3.3	Nonpriority creditor's name and mailing address <b>Amerigas</b> <b>1766 Andy Griffith Pkwy South</b> <b>Mount Airy, NC 27030</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,120.72
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Debtor <b>Lowgap Grocery &amp; Grill, LLC</b>		Case number (if known) _____	
Name			
3.4	<b>Nonpriority creditor's name and mailing address</b> <b>Cintas Corporation</b> <b>1421 N. Barkley Rd</b> <b>Statesville, NC 28677</b> Date(s) debt was incurred ____ Last 4 digits of account number <u>3928</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$12,290.28</b>
3.5	<b>Nonpriority creditor's name and mailing address</b> <b>Coca-Cola Bottling</b> <b>PO Box 751257</b> <b>Charlotte, NC 28275-1257</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>1 bunn coffee maker, 1 coke fountain dispenser, 1 coke coin dispenser, 1 cappuccino maker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
3.6	<b>Nonpriority creditor's name and mailing address</b> <b>Cooke Rental</b> <b>825 W. Lebanon St</b> <b>Mount Airy, NC 27030</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,251.45</b>
3.7	<b>Nonpriority creditor's name and mailing address</b> <b>Duke Energy</b> <b>PO Box 1090</b> <b>Charlotte, NC 28201-1090</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$3,662.13</b>
3.8	<b>Nonpriority creditor's name and mailing address</b> <b>Eden Oil Company</b> <b>2507 Richardson Dr</b> <b>Reidsville, NC 27320</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$4,289.38</b>
3.9	<b>Nonpriority creditor's name and mailing address</b> <b>Enterprise Rendering Company</b> <b>28821 Bethlehem Church Rd</b> <b>Oakboro, NC 28129</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>1 used cooking oil holding tank</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
3.10	<b>Nonpriority creditor's name and mailing address</b> <b>Frito-Lay</b> <b>75 Remittance Dr., Suite 1217</b> <b>Chicago, IL 60675</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>

Debtor	<b>Lowgap Grocery &amp; Grill, LLC</b> Name _____	Case number (if known) _____
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3.11	<b>Nonpriority creditor's name and mailing address</b> <b>H. T. Hackney Co.</b> <b>PO Box 428</b> <b>Newton, NC 28658</b> Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$2,289.53</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.12	<b>Nonpriority creditor's name and mailing address</b> <b>Heartland Payment Systems</b> <b>One Heartland Way</b> <b>Jeffersonville, IN 47130</b> Date(s) debt was incurred _____ Last 4 digits of account number <u>5762</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>Unknown</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Credit card processing terminal</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.13	<b>Nonpriority creditor's name and mailing address</b> <b>Hometown Ice</b> <b>270 Trail Drive</b> <b>Rocky Mount, VA 24151</b> Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>Unknown</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>2 ice freezers</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.14	<b>Nonpriority creditor's name and mailing address</b> <b>Industrial Fire &amp; Safety Inc</b> <b>PO Box 1352</b> <b>Mount Airy, NC 27030</b> Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$953.69</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.15	<b>Nonpriority creditor's name and mailing address</b> <b>L&amp;H</b> Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$2,771.58</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.16	<b>Nonpriority creditor's name and mailing address</b> <b>Monroe Hardware Co, Inc.</b> <b>1590 Walkup Ave</b> <b>Monroe, NC 28110</b> Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$787.71</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.17	<b>Nonpriority creditor's name and mailing address</b> <b>Mount Airy News</b> <b>319 N. Renfro Street</b> <b>Mount Airy, NC 27030</b> Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$2,839.80</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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Debtor <b>Lowgap Grocery &amp; Grill, LLC</b>		Case number (if known) _____	
Name			
3.18	<b>Nonpriority creditor's name and mailing address</b> <b>Mount Airy Oil Company</b> <b>PO Box 824</b> <b>Mount Airy, NC 27030</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$2,108.07</b>
3.19	<b>Nonpriority creditor's name and mailing address</b> <b>OpenEdge</b> <b>2578 W 600 N</b> <b>Lindon, UT 84042</b> Date(s) debt was incurred ____ Last 4 digits of account number <u>8545</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>2 credit card processing terminals</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
3.20	<b>Nonpriority creditor's name and mailing address</b> <b>Pepsi Bottling Ventures, LLC</b> <b>PO Box 75990</b> <b>Charlotte, NC 28275-0990</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>1 pepsi fountain dispenser, 1 pepsi coin dispenser, 1 small pepsi cooler</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
3.21	<b>Nonpriority creditor's name and mailing address</b> <b>Performance Food Service</b> <b>1144 Broadway Rd.</b> <b>Sanford, NC 27332</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.22	<b>Nonpriority creditor's name and mailing address</b> <b>Petroserve Inc.</b> <b>7039 Ellison Road</b> <b>Stokesdale, NC 27357</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$529.25</b>
3.23	<b>Nonpriority creditor's name and mailing address</b> <b>Pizza Wholesale of Lexington</b> <b>PO Box 757</b> <b>Paris, KY 40362</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.24	<b>Nonpriority creditor's name and mailing address</b> <b>PNC Bank</b> <b>Attn: Officer or Managing Agent</b> <b>501 N. Main St</b> <b>Mount Airy, NC 27030</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Short Term Loan</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$13,645.50</b>

Debtor <b>Lowgap Grocery &amp; Grill, LLC</b>		Case number (if known) _____	
Name			
3.25	<b>Nonpriority creditor's name and mailing address</b> <b>R.H. Barringer</b> <b>1015 Ziglar Rd</b> <b>Winston Salem, NC 27105</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.26	<b>Nonpriority creditor's name and mailing address</b> <b>Republic Waste-NC</b> <b>PO Box 9001099</b> <b>Louisville, KY 40290-1099</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$2,383.92</b>
3.27	<b>Nonpriority creditor's name and mailing address</b> <b>Rockaway Funding Solutions a.k.a. RFS</b> <b>3434 Fairway Rd</b> <b>Oceanside, NY 11572</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
3.28	<b>Nonpriority creditor's name and mailing address</b> <b>Service Tools Co, LLC</b> <b>PO Box 12240</b> <b>New Iberia, LA 70562-2240</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$93.80</b>
3.29	<b>Nonpriority creditor's name and mailing address</b> <b>STMC</b> <b>PO Box 63056</b> <b>Charlotte, NC 28263-3056</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$216.83</b>
3.30	<b>Nonpriority creditor's name and mailing address</b> <b>Surry County Fire Marshal</b> <b>1218 State Street, Suite 600</b> <b>Mount Airy, NC 27030</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$70.00</b>
3.31	<b>Nonpriority creditor's name and mailing address</b> <b>Venco Business Solutions</b> <b>50 Orchard View Lane</b> <b>Bland, VA 24315</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>1-ATM</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>

**Part 3: List Others to Be Notified About Unsecured Claims**

4. List in alphabetical order any others who must be notified for claims listed in Parts 1 and 2. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for unsecured creditors.

Debtor **Lowgap Grocery & Grill, LLC**  
Name

Case number (if known)

If no others need to be notified for the debts listed in Parts 1 and 2, do not fill out or submit this page. If additional pages are needed, copy the next page.

	Name and mailing address	On which line in Part 1 or Part 2 is the related creditor (if any) listed?	Last 4 digits of account number, if any
4.1	<b>Williams &amp; Williams, Inc.</b> <b>PO Box 34307</b> <b>Louisville, KY 40232</b>	Line <b>3.16</b>	<b>39SC</b>
		<input type="checkbox"/> Not listed. Explain _____	

**Part 4: Total Amounts of the Priority and Nonpriority Unsecured Claims**

5. Add the amounts of priority and nonpriority unsecured claims.

5a. Total claims from Part 1

5b. Total claims from Part 2

5c. Total of Parts 1 and 2

Lines 5a + 5b = 5c.

Total of claim amounts	
5a.	\$ <b>12,209.34</b>
5b. +	\$ <b>51,938.83</b>
5c.	\$ <b>64,148.17</b>

**Fill in this information to identify the case:**Debtor name Lowgap Grocery & Grill, LLCUnited States Bankruptcy Court for the: MIDDLE DISTRICT OF NORTH CAROLINA

Case number (if known) \_\_\_\_\_

☐ Check if this is an amended filing**Official Form 206G****Schedule G: Executory Contracts and Unexpired Leases**

12/15

**Be as complete and accurate as possible. If more space is needed, copy and attach the additional page, number the entries consecutively.****1. Does the debtor have any executory contracts or unexpired leases?**☐ No. Check this box and file this form with the debtor's other schedules. There is nothing else to report on this form.☒ Yes. Fill in all of the information below even if the contacts of leases are listed on *Schedule A/B: Assets - Real and Personal* (Official Form 206A/B).*Property***2. List all contracts and unexpired leases****State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**2.1. State what the contract or lease is for and the nature of the debtor's interest **Customer Termination Settlement**State the term remaining **150 Weeks**

List the contract number of any government contract \_\_\_\_\_

**Cintas Corporation  
1421 N. Barkley Rd  
Statesville, NC 28677**

**Fill in this information to identify the case:**Debtor name **Lowgap Grocery & Grill, LLC**United States Bankruptcy Court for the: **MIDDLE DISTRICT OF NORTH CAROLINA**

Case number (if known) \_\_\_\_\_

☐ Check if this is an amended filing**Official Form 206H  
Schedule H: Your Codebtors****12/15**

Be as complete and accurate as possible. If more space is needed, copy the Additional Page, numbering the entries consecutively. Attach the Additional Page to this page.

**1. Do you have any codebtors?**☐ No. Check this box and submit this form to the court with the debtor's other schedules. Nothing else needs to be reported on this form.☒ Yes

**2. In Column 1, list as codebtors all of the people or entities who are also liable for any debts listed by the debtor in the schedules of creditors, Schedules D-G. Include all guarantors and co-obligors. In Column 2, identify the creditor to whom the debt is owed and each schedule on which the creditor is listed. If the codebtor is liable on a debt to more than one creditor, list each creditor separately in Column 2.**

*Column 1: Codebtor**Column 2: Creditor***Name****Mailing Address****Name***Check all schedules that apply:*2.1 **Steven Rohlfig****NC Department of Revenue**☐ D \_\_\_\_\_☒ E/F **2.6**☐ G \_\_\_\_\_2.2 **Wayne Rohlfig****8773 W. Pine St  
Lowgap, NC 27024****Newtek**☒ D **2.5**☐ E/F \_\_\_\_\_☐ G \_\_\_\_\_2.3 **Wayne Rohlfig****8773 W. Pine St  
Lowgap, NC 27024****Advance Consumer Electronics**☐ D \_\_\_\_\_☒ E/F **3.1**☐ G \_\_\_\_\_2.4 **Wayne Rohlfig****8773 W. Pine St  
Lowgap, NC 27024****Amerigas**☐ D \_\_\_\_\_☒ E/F **3.3**☐ G \_\_\_\_\_2.5 **Wayne Rohlfig****8773 W. Pine St  
Lowgap, NC 27024****Cooke Rental**☐ D \_\_\_\_\_☒ E/F **3.6**☐ G \_\_\_\_\_

Debtor **Lowgap Grocery & Grill, LLC**

Case number (if known) \_\_\_\_\_

**Additional Page to List More Codebtors**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

Column 1: Codebtor

Column 2: Creditor

2.6	<b>Wayne Rohlfing</b>	<b>8773 W. Pine St Lowgap, NC 27024</b>	<b>Duke Energy</b>	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.7</u> <input type="checkbox"/> G _____
<hr/>				
2.7	<b>Wayne Rohlfing</b>	<b>8773 W. Pine St Lowgap, NC 27024</b>	<b>Eden Oil Company</b>	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.8</u> <input type="checkbox"/> G _____
<hr/>				
2.8	<b>Wayne Rohlfing</b>	<b>8773 W. Pine St Lowgap, NC 27024</b>	<b>H. T. Hackney Co.</b>	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.11</u> <input type="checkbox"/> G _____
<hr/>				
2.9	<b>Wayne Rohlfing</b>	<b>8773 W. Pine St Lowgap, NC 27024</b>	<b>Industrial Fire &amp; Safety Inc</b>	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.14</u> <input type="checkbox"/> G _____
<hr/>				
2.10	<b>Wayne Rohlfing</b>	<b>8773 W. Pine St Lowgap, NC 27024</b>	<b>Mount Airy News</b>	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.17</u> <input type="checkbox"/> G _____
<hr/>				
2.11	<b>Wayne Rohlfing</b>	<b>8773 W. Pine St Lowgap, NC 27024</b>	<b>Mount Airy Oil Company</b>	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.18</u> <input type="checkbox"/> G _____
<hr/>				
2.12	<b>Wayne Rohlfing</b>	<b>8773 W. Pine St Lowgap, NC 27024</b>	<b>North Carolina ABC Commission</b>	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>2.7</u> <input type="checkbox"/> G _____
<hr/>				
2.13	<b>Wayne Rohlfing</b>	<b>8773 W. Pine St Lowgap, NC 27024</b>	<b>Petroserve Inc.</b>	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.22</u> <input type="checkbox"/> G _____
<hr/>				



Debtor **Lowgap Grocery & Grill, LLC**

Case number (if known) \_\_\_\_\_

**Additional Page to List More Codebtors**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

Column 1: Codebtor

Column 2: Creditor

2.14	<b>Wayne Rohlfing</b>	<b>8773 W. Pine St Lowgap, NC 27024</b>	<b>Republic Waste-NC</b>	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.26</u> <input type="checkbox"/> G _____
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2.15	<b>Wayne Rohlfing</b>	<b>8773 W. Pine St Lowgap, NC 27024</b>	<b>Service Tools Co, LLC</b>	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.28</u> <input type="checkbox"/> G _____
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2.16	<b>Wayne Rohlfing</b>	<b>8773 W. Pine St Lowgap, NC 27024</b>	<b>STMC</b>	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.29</u> <input type="checkbox"/> G _____
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2.17	<b>Wayne Rohlfing</b>	<b>8773 W. Pine St Lowgap, NC 27024</b>	<b>Surry County</b>	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>2.9</u> <input type="checkbox"/> G _____
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2.18	<b>Wayne Rohlfing</b>	<b>8773 W. Pine St Lowgap, NC 27024</b>	<b>Surry County Fire Marshal</b>	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.30</u> <input type="checkbox"/> G _____
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2.19	<b>Wayne Rohlfing</b>	<b>8773 W. Pine St Lowgap, NC 27024</b>	<b>Attorney General of North Carolina</b>	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>2.1</u> <input type="checkbox"/> G _____
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2.20	<b>Wayne Rohlfing</b>	<b>8773 W. Pine St Lowgap, NC 27024</b>	<b>Credit Bureau</b>	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>2.3</u> <input type="checkbox"/> G _____
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2.21	<b>Wayne Rohlfing</b>	<b>8773 W. Pine St Lowgap, NC 27024</b>	<b>Attorney General Of the United States</b>	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>2.2</u> <input type="checkbox"/> G _____
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Debtor **Lowgap Grocery & Grill, LLC**

Case number (if known) \_\_\_\_\_

**Additional Page to List More Codebtors**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

Column 1: Codebtor

Column 2: Creditor

2.22	<b>Wayne Rohlfing</b>	<b>8773 W. Pine St Lowgap, NC 27024</b>	<b>Surry County Clerk of Superior Court</b>	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>2.10</u> <input type="checkbox"/> G _____
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2.23	<b>Wayne Rohlfing</b>	<b>8773 W. Pine St Lowgap, NC 27024</b>	<b>Surry County Tax Dept</b>	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>2.11</u> <input type="checkbox"/> G _____
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2.24	<b>Wayne Rohlfing</b>	<b>8773 W. Pine St Lowgap, NC 27024</b>	<b>Internal Revenue Service</b>	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>2.5</u> <input type="checkbox"/> G _____
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2.25	<b>Wayne Rohlfing</b>	<b>8773 W. Pine St Lowgap, NC 27024</b>	<b>Employment Security Commission Of NC</b>	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>2.4</u> <input type="checkbox"/> G _____
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2.26	<b>Wayne Rohlfing</b>	<b>8773 W. Pine St Lowgap, NC 27024</b>	<b>Bluevine Capital Inc</b>	<input checked="" type="checkbox"/> D <u>2.1</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
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2.27	<b>Wayne Rohlfing</b>	<b>8773 W. Pine St Lowgap, NC 27024</b>	<b>FiveTower LLC</b>	<input checked="" type="checkbox"/> D <u>2.2</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
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2.28	<b>Wayne Rohlfing</b>	<b>8773 W. Pine St Lowgap, NC 27024</b>	<b>Forward Financing</b>	<input checked="" type="checkbox"/> D <u>2.3</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
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2.29	<b>Wayne Rohlfing</b>	<b>8773 W. Pine St Lowgap, NC 27024</b>	<b>L&amp;H</b>	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.15</u> <input type="checkbox"/> G _____
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Debtor **Lowgap Grocery & Grill, LLC**

Case number (if known) \_\_\_\_\_

**Additional Page to List More Codebtors**

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Column 2: Creditor

2.30	<b>Wayne Rohlfing</b>	<b>8773 W. Pine St Lowgap, NC 27024</b>	<b>OnDeck</b>	<input checked="" type="checkbox"/> D <u>2.6</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
<hr/>				
2.31	<b>Wayne Rohlfing</b>	<b>8773 W. Pine St Lowgap, NC 27024</b>	<b>Platinum Rapid Funding Group LTD</b>	<input checked="" type="checkbox"/> D <u>2.7</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
<hr/>				
2.32	<b>Wayne Rohlfing</b>	<b>8773 W. Pine St Lowgap, NC 27024</b>	<b>Yellowstone Capital, LLC</b>	<input checked="" type="checkbox"/> D <u>2.8</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
<hr/>				
2.33	<b>Wayne Rohlfing</b>	<b>8773 W. Pine St Lowgap, NC 27024</b>	<b>NC Department of Revenue</b>	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>2.6</u> <input type="checkbox"/> G _____
<hr/>				
2.34	<b>Wayne Rohlfing</b>	<b>8773 W. Pine St Lowgap, NC 27024</b>	<b>PNC Bank</b>	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.24</u> <input type="checkbox"/> G _____
<hr/>				
2.35	<b>Wayne Rohlfing</b>	<b>8773 W. Pine St Lowgap, NC 27024</b>	<b>Heartland Payment Systems</b>	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.12</u> <input type="checkbox"/> G _____
<hr/>				
2.36	<b>Wayne Rohlfing</b>	<b>8773 W. Pine St Lowgap, NC 27024</b>	<b>OpenEdge</b>	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.19</u> <input type="checkbox"/> G _____
<hr/>				
2.37	<b>Wayne Rohlfing</b>	<b>8773 W. Pine St Lowgap, NC 27024</b>	<b>Cintas Corporation</b>	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.4</u> <input type="checkbox"/> G _____
<hr/>				

Debtor **Lowgap Grocery & Grill, LLC**

Case number (if known) \_\_\_\_\_

**Additional Page to List More Codebtors**

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Column 1: Codebtor

Column 2: Creditor

2.38	<b>Wayne Rohlfing</b>	<b>8773 W. Pine St Lowgap, NC 27024</b>	<b>Rockaway Funding Solutions a.k.a. RFS</b>	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.27</u> <input type="checkbox"/> G _____
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2.39	<b>Wayne Rohlfing</b>	<b>8773 W. Pine St Lowgap, NC 27024</b>	<b>Performance Food Service</b>	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.21</u> <input type="checkbox"/> G _____
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2.40	<b>Wayne Rohlfing</b>	<b>8773 W. Pine St Lowgap, NC 27024</b>	<b>Coca-Cola Bottling</b>	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.5</u> <input type="checkbox"/> G _____
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2.41	<b>Wayne Rohlfing</b>	<b>8773 W. Pine St Lowgap, NC 27024</b>	<b>Frito-Lay</b>	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.10</u> <input type="checkbox"/> G _____
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2.42	<b>Wayne Rohlfing</b>	<b>8773 W. Pine St Lowgap, NC 27024</b>	<b>Mantis Funding, LLC</b>	<input checked="" type="checkbox"/> D <u>2.4</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
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2.43	<b>Wayne Rohlfing</b>	<b>8773 W. Pine St Lowgap, NC 27024</b>	<b>Monroe Hardware Co, Inc.</b>	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.16</u> <input type="checkbox"/> G _____
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2.44	<b>Wayne Rohlfing</b>	<b>8773 W. Pine St Lowgap, NC 27024</b>	<b>Pepsi Bottling Ventures, LLC</b>	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.20</u> <input type="checkbox"/> G _____
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2.45	<b>Wayne Rohlfing</b>	<b>8773 W. Pine St Lowgap, NC 27024</b>	<b>Pizza Wholesale of Lexington</b>	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.23</u> <input type="checkbox"/> G _____
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Debtor **Lowgap Grocery & Grill, LLC**

Case number (if known) \_\_\_\_\_

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Column 1: Codebtor

Column 2: Creditor

2.46	<b>Wayne Rohlfing</b>	<b>8773 W. Pine St</b> <b>Lowgap, NC 27024</b>	<b>R.H. Barringer</b>	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.25</u> <input type="checkbox"/> G _____
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2.47	<b>Wayne Rohlfing</b>	<b>8773 W. Pine St</b> <b>Lowgap, NC 27024</b>	<b>Hometown Ice</b>	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.13</u> <input type="checkbox"/> G _____
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2.48	<b>Wayne Rohlfing</b>	<b>8773 W. Pine St</b> <b>Lowgap, NC 27024</b>	<b>Enterprise Rendering Company</b>	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.9</u> <input type="checkbox"/> G _____
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2.49	<b>Wayne Rohlfing</b>	<b>8773 W. Pine St</b> <b>Lowgap, NC 27024</b>	<b>Air-Serv</b>	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.2</u> <input type="checkbox"/> G _____
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2.50	<b>Wayne Rohlfing</b>	<b>8773 W. Pine St</b> <b>Lowgap, NC 27024</b>	<b>Venco Business Solutions</b>	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.31</u> <input type="checkbox"/> G _____
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2.51	<b>Wayne Rohlfing</b>	<b>8773 W. Pine St</b> <b>Lowgap, NC 27024</b>	<b>Cintas Corporation</b>	<input type="checkbox"/> D _____ <input type="checkbox"/> E/F _____ <input checked="" type="checkbox"/> G <u>2.1</u>
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**Fill in this information to identify the case:**Debtor name Lowgap Grocery & Grill, LLCUnited States Bankruptcy Court for the: MIDDLE DISTRICT OF NORTH CAROLINA

Case number (if known) \_\_\_\_\_

☐ Check if this is an amended filing**Official Form 207****Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy****04/16**

The debtor must answer every question. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and case number (if known).

**Part 1: Income****1. Gross revenue from business**☐ None.**Identify the beginning and ending dates of the debtor's fiscal year, which may be a calendar year****For prior year:**  
From 1/01/2017 to 12/31/2017**Sources of revenue**  
Check all that apply☒ Operating a business☐ Other \_\_\_\_\_**Gross revenue**  
(before deductions and exclusions)\$-360,000.00**For year before that:**  
From 1/01/2016 to 12/31/2016☒ Operating a business☐ Other \_\_\_\_\_\$-72,623.00**2. Non-business revenue**

Include revenue regardless of whether that revenue is taxable. *Non-business income* may include interest, dividends, money collected from lawsuits, and royalties. List each source and the gross revenue for each separately. Do not include revenue listed in line 1.

☐ None.**Description of sources of revenue****Gross revenue from each source**  
(before deductions and exclusions)**For year before that:**  
From 1/01/2016 to 12/31/2016**Other** \_\_\_\_\_\$15,081.00**Part 2: List Certain Transfers Made Before Filing for Bankruptcy****3. Certain payments or transfers to creditors within 90 days before filing this case**

List payments or transfers--including expense reimbursements--to any creditor, other than regular employee compensation, within 90 days before filing this case unless the aggregate value of all property transferred to or for the benefit of the insider is less than \$6,425. (This amount may be adjusted on 4/01/19 and every 3 years after that with respect to cases filed on or after the date of adjustment.)

☒ None.**Creditor's Name and Address****Dates****Total amount of value****Reasons for payment or transfer**  
*Check all that apply***4. Payments or other transfers of property made within 1 year before filing this case that benefited any insider**

List payments or transfers, including expense reimbursements, made within 1 year before filing this case on debts owed to an insider or guaranteed or cosigned by an insider unless the aggregate value of all property transferred to or for the benefit of the insider is less than \$6,425. (This amount may be adjusted on 4/01/19 and every 3 years after that with respect to cases filed on or after the date of adjustment.) Do not include any payments

Debtor **Lowgap Grocery & Grill, LLC**

Case number (if known)

listed in line 3. *Insiders* include officers, directors, and anyone in control of a corporate debtor and their relatives; general partners of a partnership debtor and their relatives; affiliates of the debtor and insiders of such affiliates; and any managing agent of the debtor. 11 U.S.C. § 101(31).

☒ None.

Insider's name and address Relationship to debtor	Dates	Total amount of value	Reasons for payment or transfer
------------------------------------------------------	-------	-----------------------	---------------------------------

#### 5. Repossessions, foreclosures, and returns

List all property of the debtor that was obtained by a creditor within 1 year before filing this case, including property repossessed by a creditor, sold at a foreclosure sale, transferred by a deed in lieu of foreclosure, or returned to the seller. Do not include property listed in line 6.

☒ None

Creditor's name and address	Describe of the Property	Date	Value of property
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#### 6. Setoffs

List any creditor, including a bank or financial institution, that within 90 days before filing this case set off or otherwise took anything from an account of the debtor without permission or refused to make a payment at the debtor's direction from an account of the debtor because the debtor owed a debt.

☒ None

Creditor's name and address	Description of the action creditor took	Date action was taken	Amount
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### Part 3: Legal Actions or Assignments

#### 7. Legal actions, administrative proceedings, court actions, executions, attachments, or governmental audits

List the legal actions, proceedings, investigations, arbitrations, mediations, and audits by federal or state agencies in which the debtor was involved in any capacity—within 1 year before filing this case.

☐ None.

	Case title Case number	Nature of case	Court or agency's name and address	Status of case
7.1.	<b>The H.T. Hackney Company c/o Smith Debnam Narron Drake Saintsing &amp; Myers, L.L.P. v Lowgap Grocery &amp; Grill LLC, and Wayne Rohlfing 17CVD08502</b>	<b>Collection</b>	<b>Wake County District Court PO Box 351 Raleigh, NC 27602</b>	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
7.2.	<b>Yellowstone Capital LLC v Lowgap Crocery &amp; Grill, LLC d/b/a Lowgap Grocery &amp; Grill, Steven S. Rohlfing and Wayne H. Rohlfing EF001031-2018</b>	<b>Collection</b>	<b>Supreme Court of the State of New York Orange County 285 Main St Goshen, NY 10924</b>	<input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input checked="" type="checkbox"/> Concluded

#### 8. Assignments and receivership

List any property in the hands of an assignee for the benefit of creditors during the 120 days before filing this case and any property in the hands of a receiver, custodian, or other court-appointed officer within 1 year before filing this case.

☒ None

### Part 4: Certain Gifts and Charitable Contributions

#### 9. List all gifts or charitable contributions the debtor gave to a recipient within 2 years before filing this case unless the aggregate value of the gifts to that recipient is less than \$1,000

Debtor **Lowgap Grocery & Grill, LLC**

Case number (if known)

☐ None

Recipient's name and address	Description of the gifts or contributions	Dates given	Value
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**Part 5: Certain Losses****10. All losses from fire, theft, or other casualty within 1 year before filing this case.**☐ None

Description of the property lost and how the loss occurred	Amount of payments received for the loss <small>If you have received payments to cover the loss, for example, from insurance, government compensation, or tort liability, list the total received.  List unpaid claims on Official Form 106A/B (Schedule A/B: Assets – Real and Personal Property).</small>	Dates of loss	Value of property lost
------------------------------------------------------------	------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	---------------	------------------------

**Part 6: Certain Payments or Transfers****11. Payments related to bankruptcy**

List any payments of money or other transfers of property made by the debtor or person acting on behalf of the debtor within 1 year before the filing of this case to another person or entity, including attorneys, that the debtor consulted about debt consolidation or restructuring, seeking bankruptcy relief, or filing a bankruptcy case.

☐ None.

Who was paid or who received the transfer? Address	If not money, describe any property transferred	Dates	Total amount or value
11.1. Taylor Law Office 2280 S. Church St Suite 203 Burlington, NC 27215		03.16.18	\$3,000.00
Email or website address			
Who made the payment, if not debtor?			

**12. Self-settled trusts of which the debtor is a beneficiary**

List any payments or transfers of property made by the debtor or a person acting on behalf of the debtor within 10 years before the filing of this case to a self-settled trust or similar device.

Do not include transfers already listed on this statement.

☐ None.

Name of trust or device	Describe any property transferred	Dates transfers were made	Total amount or value
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**13. Transfers not already listed on this statement**

List any transfers of money or other property by sale, trade, or any other means made by the debtor or a person acting on behalf of the debtor within 2 years before the filing of this case to another person, other than property transferred in the ordinary course of business or financial affairs. Include both outright transfers and transfers made as security. Do not include gifts or transfers previously listed on this statement.

☐ None.

Who received transfer? Address	Description of property transferred or payments received or debts paid in exchange	Date transfer was made	Total amount or value
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**Part 7: Previous Locations****14. Previous addresses**

Official Form 207

Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy

page 3



Debtor **Lowgap Grocery & Grill, LLC**

Case number (if known)

List all previous addresses used by the debtor within 3 years before filing this case and the dates the addresses were used.

☐ Does not apply

Address	Dates of occupancy From-To
---------	-------------------------------

**Part 8: Health Care Bankruptcies****15. Health Care bankruptcies**

Is the debtor primarily engaged in offering services and facilities for:

- diagnosing or treating injury, deformity, or disease, or
- providing any surgical, psychiatric, drug treatment, or obstetric care?

- ☐ No. Go to Part 9.
- ☐ Yes. Fill in the information below.

Facility name and address	Nature of the business operation, including type of services the debtor provides	If debtor provides meals and housing, number of patients in debtor's care
---------------------------	----------------------------------------------------------------------------------	---------------------------------------------------------------------------

**Part 9: Personally Identifiable Information****16. Does the debtor collect and retain personally identifiable information of customers?**

- ☐ No.
- ☐ Yes. State the nature of the information collected and retained.

**17. Within 6 years before filing this case, have any employees of the debtor been participants in any ERISA, 401(k), 403(b), or other pension or profit-sharing plan made available by the debtor as an employee benefit?**

- ☐ No. Go to Part 10.
- ☐ Yes. Does the debtor serve as plan administrator?

**Part 10: Certain Financial Accounts, Safe Deposit Boxes, and Storage Units****18. Closed financial accounts**

Within 1 year before filing this case, were any financial accounts or instruments held in the debtor's name, or for the debtor's benefit, closed, sold, moved, or transferred? Include checking, savings, money market, or other financial accounts; certificates of deposit; and shares in banks, credit unions, brokerage houses, cooperatives, associations, and other financial institutions.

☐ None

Financial Institution name and Address	Last 4 digits of account number	Type of account or instrument	Date account was closed, sold, moved, or transferred	Last balance before closing or transfer
----------------------------------------	---------------------------------	-------------------------------	------------------------------------------------------	-----------------------------------------

**19. Safe deposit boxes**

List any safe deposit box or other depository for securities, cash, or other valuables the debtor now has or did have within 1 year before filing this case.

☐ None

Depository institution name and address	Names of anyone with access to it Address	Description of the contents	Do you still have it?
-----------------------------------------	----------------------------------------------	-----------------------------	-----------------------

**20. Off-premises storage**

List any property kept in storage units or warehouses within 1 year before filing this case. Do not include facilities that are in a part of a building in which the debtor does business.

Debtor **Lowgap Grocery & Grill, LLC**

Case number (if known)

☒ None

Facility name and address	Names of anyone with access to it	Description of the contents	Do you still have it?
---------------------------	-----------------------------------	-----------------------------	-----------------------

**Part 11: Property the Debtor Holds or Controls That the Debtor Does Not Own****21. Property held for another**

List any property that the debtor holds or controls that another entity owns. Include any property borrowed from, being stored for, or held in trust. Do not list leased or rented property.

☐ None

Owner's name and address	Location of the property	Describe the property	Value
Heartland Payment Systems One Heartland Way Jeffersonville, IN 47130	Lowgap Grocery & Grill, LLC 8773 W. Pine St Lowgap, NC 27024	Credit Card Processing Terminal	\$400.00
Owner's name and address	Location of the property	Describe the property	Value
OpenEdge 2578 W 600 N Lindon, UT 84042	Lowgap Grocery & Grill, LLC 8773 W. Pine St Lowgap, NC 27024	2 credit card processing terminals	\$650.00
Owner's name and address	Location of the property	Describe the property	Value
Hometown Ice 270 Trail Drive Rocky Mount, VA 24151	Lowgap Grocery & Grill, LLC 8773 W. Pine St Lowgap, NC 27024	2 Ice freezers located outside the store	Unknown
Owner's name and address	Location of the property	Describe the property	Value
Coca-Cola Bottling PO Box 751257 Charlotte, NC 28275-1257	Lowgap Grocery & Grill, LLC 8773 W. Pine St Lowgap, NC 27024	1 Bunn Coffee maker 1 fountain dispenser 1 coin dispenser (located outside store) 1 cappuccino maker	Unknown
Owner's name and address	Location of the property	Describe the property	Value
Pepsi Bottling Ventures, LLC PO Box 75990 Charlotte, NC 28275-0990	Lowgap Grocery & Grill, LLC 8773 W. Pine St Lowgap, NC 27024	1 fountain dispenser 1 coin dispenser (located outside store) 1 small pepsi display cooler	Unknown
Owner's name and address	Location of the property	Describe the property	Value
Enterprise Rendering Company 28821 Bethlehem Church Rd Oakboro, NC 28129	Lowgap Grocery & Grill, LLC 8773 W. Pine St Lowgap, NC 27024	1 used cooking-oil holding tank	Unknown
Owner's name and address	Location of the property	Describe the property	Value
Air-Serv 3201 W. Royal Lane, Suite 100 Irving, TX 75063	Lowgap Grocery & Grill, LLC 8773 W. Pine St. Lowgap, NC 27024	1 coin tire pump	Unknown

Debtor **Lowgap Grocery & Grill, LLC**

Case number (if known)

Owner's name and address	Location of the property	Describe the property	Value
Venco Business Solutions 50 Orchard View Lane Bland, VA 24315	Lowgap Grocery & Grill, LLC 8773 W. Pine St Lowgap, NC 27024	1 - ATM	Unknown

**Part 12: Details About Environment Information**

For the purpose of Part 12, the following definitions apply:

*Environmental law* means any statute or governmental regulation that concerns pollution, contamination, or hazardous material, regardless of the medium affected (air, land, water, or any other medium).*Site* means any location, facility, or property, including disposal sites, that the debtor now owns, operates, or utilizes or that the debtor formerly owned, operated, or utilized.*Hazardous material* means anything that an environmental law defines as hazardous or toxic, or describes as a pollutant, contaminant, or a similarly harmful substance.**Report all notices, releases, and proceedings known, regardless of when they occurred.****22. Has the debtor been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders.**

- ☒ No.  
☐ Yes. Provide details below.

Case title Case number	Court or agency name and address	Nature of the case	Status of case
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**23. Has any governmental unit otherwise notified the debtor that the debtor may be liable or potentially liable under or in violation of an environmental law?**

- ☒ No.  
☐ Yes. Provide details below.

Site name and address	Governmental unit name and address	Environmental law, if known	Date of notice
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**24. Has the debtor notified any governmental unit of any release of hazardous material?**

- ☒ No.  
☐ Yes. Provide details below.

Site name and address	Governmental unit name and address	Environmental law, if known	Date of notice
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**Part 13: Details About the Debtor's Business or Connections to Any Business****25. Other businesses in which the debtor has or has had an interest**

List any business for which the debtor was an owner, partner, member, or otherwise a person in control within 6 years before filing this case. Include this information even if already listed in the Schedules.

- ☒ None

Business name address	Describe the nature of the business	Employer Identification number Do not include Social Security number or ITIN.
		Dates business existed

**26. Books, records, and financial statements****26a.** List all accountants and bookkeepers who maintained the debtor's books and records within 2 years before filing this case.

- ☐ None

Name and address	Date of service From-To
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Debtor **Lowgap Grocery & Grill, LLC**

Case number (if known)

**Name and address****Date of service  
From-To**

26a.1. **Steven Rohlfig**  
**8773 W. Pine Street**  
**Lowgap, NC 27024**

26b. List all firms or individuals who have audited, compiled, or reviewed debtor's books of account and records or prepared a financial statement within 2 years before filing this case.

☒ None

26c. List all firms or individuals who were in possession of the debtor's books of account and records when this case is filed.

☐ None

**Name and address****If any books of account and records are  
unavailable, explain why**

26c.1. **Steven Rohlfig**  
**8773 W. Pine Street**  
**Lowgap, NC 27024**

26d. List all financial institutions, creditors, and other parties, including mercantile and trade agencies, to whom the debtor issued a financial statement within 2 years before filing this case.

☒ None

**Name and address****27. Inventories**

Have any inventories of the debtor's property been taken within 2 years before filing this case?

☒ No

☐ Yes. Give the details about the two most recent inventories.

**Name of the person who supervised the taking of the  
inventory****Date of inventory****The dollar amount and basis (cost, market,  
or other basis) of each inventory**

28. List the debtor's officers, directors, managing members, general partners, members in control, controlling shareholders, or other people in control of the debtor at the time of the filing of this case.

<b>Name</b>	<b>Address</b>	<b>Position and nature of any interest</b>	<b>% of interest, if any</b>
<b>Steven Rohlfig</b>	<b>8773 W. Pine Street Lowgap, NC 27024</b>	<b>Manager</b>	<b>50%</b>
<b>Name</b>	<b>Address</b>	<b>Position and nature of any interest</b>	<b>% of interest, if any</b>
<b>Wayne Rohlfig</b>	<b>8773 W. Pine St Lowgap, NC 27024</b>	<b>member</b>	<b>50%</b>

29. Within 1 year before the filing of this case, did the debtor have officers, directors, managing members, general partners, members in control of the debtor, or shareholders in control of the debtor who no longer hold these positions?

☒ No

☐ Yes. Identify below.

**30. Payments, distributions, or withdrawals credited or given to insiders**

Within 1 year before filing this case, did the debtor provide an insider with value in any form, including salary, other compensation, draws, bonuses, loans, credits on loans, stock redemptions, and options exercised?

Debtor **Lowgap Grocery & Grill, LLC**

Case number (if known)

- ☐ No
- ☒ Yes. Identify below.

	Name and address of recipient	Amount of money or description and value of property	Dates	Reason for providing the value
30.1	<b>Steven Rohlfig</b> <b>8773 W. Pine Street</b> <b>Lowgap, NC 27024</b>	<b>\$23000 paid as salary/paycheck</b>	<b>2017</b>	<b>salary/paycheck</b>
	Relationship to debtor <b>Member Manager</b>			

31. Within 6 years before filing this case, has the debtor been a member of any consolidated group for tax purposes?

- ☒ No
- ☐ Yes. Identify below.

Name of the parent corporation	Employer Identification number of the parent corporation
--------------------------------	----------------------------------------------------------

32. Within 6 years before filing this case, has the debtor as an employer been responsible for contributing to a pension fund?

- ☒ No
- ☐ Yes. Identify below.

Name of the pension fund	Employer Identification number of the parent corporation
--------------------------	----------------------------------------------------------

**Part 14: Signature and Declaration**

**WARNING** -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

I have examined the information in this *Statement of Financial Affairs* and any attachments and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on **April 3, 2018**

**/s/ Steven Rohlfig**

Signature of individual signing on behalf of the debtor

**Steven Rohlfig**

Printed name

Position or relationship to debtor **Managing Member**

Are additional pages to *Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy* (Official Form 207) attached?

- ☒ No
- ☐ Yes

B2030 (Form 2030) (12/15)

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**DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR(S)**

1. Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am the attorney for the above named debtor(s) and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:
- |                                                             |    |                 |
|-------------------------------------------------------------|----|-----------------|
| For legal services, I have agreed to accept .....           | \$ | <u>3,000.00</u> |
| Prior to the filing of this statement I have received ..... | \$ | <u>3,000.00</u> |
| Balance Due .....                                           | \$ | <u>0.00</u>     |
2. The source of the compensation paid to me was:  
☒ Debtor      ☐ Other (specify):
3. The source of compensation to be paid to me is:  
☒ Debtor      ☐ Other (specify):
4. ☒ I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.  
☐ I have agreed to share the above-disclosed compensation with a person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation is attached.
5. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:
- a. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;
  - b. Preparation and filing of any petition, schedules, statement of affairs and plan which may be required;
  - c. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;
  - d. [Other provisions as needed]  
**Negotiations with secured creditors to reduce to market value; exemption planning; preparation and filing of reaffirmation agreements and applications as needed; preparation and filing of motions pursuant to 11 USC 522(f)(2)(A) for avoidance of liens on household goods.**
6. By agreement with the debtor(s), the above-disclosed fee does not include the following service:  
**Representation of the debtors in any dischargeability actions or any other adversary proceeding.**

**CERTIFICATION**

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

April 3, 2018

Date

/s/ Steven Kent Taylor

Steven Kent Taylor 32333

Signature of Attorney

Taylor Law Office, P.C.

2280 S. Church St.

Suite 203

Burlington, NC 27215

336-376-7060 Fax: 866-524-8670

Marshall@Taylorlawnc.com

Name of law firm

**United States Bankruptcy Court  
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**VERIFICATION OF CREDITOR MATRIX**

I, the Managing Member of the corporation named as the debtor in this case, hereby verify that the attached list of creditors is true and correct to the best of my knowledge.

Date: **April 3, 2018****/s/ Steven Rohlifing****Steven Rohlifing/Managing Member**

Signer/Title

Advance Consumer Electronics  
5103 HWY 158 West  
Advance, NC 27006

Air-Serv  
3201 W. Royal Lane, Suite 100  
Irving, TX 75063

Amerigas  
1766 Andy Griffith Pkwy South  
Mount Airy, NC 27030

Attorney General of North Carolina  
9001 Mail Service Center  
Raleigh, NC 27699-9001

Attorney General Of the United States  
US Dept. of Justice  
900 Pennsylvania Ave NW  
Washington, DC 20530

Bluevine Capital Inc  
401 Warren St., Ste 300  
Redwood City, CA 94063

Cintas Corporation  
1421 N. Barkley Rd  
Statesville, NC 28677

Coca-Cola Bottling  
PO Box 751257  
Charlotte, NC 28275-1257

Cooke Rental  
825 W. Lebanon St  
Mount Airy, NC 27030

Credit Bureau  
PO Box 26140  
Greensboro, NC 27402

Duke Energy  
PO Box 1090  
Charlotte, NC 28201-1090



Eden Oil Company  
2507 Richardson Dr  
Reidsville, NC 27320

Employment Security Commission Of NC  
700 Wade Avenue  
Raleigh, NC 27605

Enterprise Rendering Company  
28821 Bethlehem Church Rd  
Oakboro, NC 28129

FiveTower LLC  
20191 NE 16th Place  
Miami, FL 33179

Forward Financing  
36 Bromfield Street, 2nd Floor  
Boston, MA 02108

Frito-Lay  
75 Remittance Dr., Suite 1217  
Chicago, IL 60675

H. T. Hackney Co.  
PO Box 428  
Newton, NC 28658

Heartland Payment Systems  
One Heartland Way  
Jeffersonville, IN 47130

Hometown Ice  
270 Trail Drive  
Rocky Mount, VA 24151

Industrial Fire & Safety Inc  
PO Box 1352  
Mount Airy, NC 27030

Internal Revenue Service  
Centralized Insolvency  
P.O. Box 7346  
Philadelphia, PA 19101

L&H

Mantis Funding, LLC  
64 Beaver Street, Ste 344  
New York, NY 10004

Monroe Hardware Co, Inc.  
1590 Walkup Ave  
Monroe, NC 28110

Mount Airy News  
319 N. Renfro Street  
Mount Airy, NC 27030

Mount Airy Oil Company  
PO Box 824  
Mount Airy, NC 27030

NC Department of Revenue  
PO Box 25000  
Raleigh, NC 27640

Newtek  
60 Hempstead Avenue, 6th Floor  
West Hempstead, NY 11552

North Carolina ABC Commission  
400 E. Tryon Rd  
Raleigh, NC 27610

OnDeck  
1400 Broadway  
New York, NY 10018

OpenEdge  
2578 W 600 N  
Lindon, UT 84042

Pepsi Bottling Ventures, LLC  
PO Box 75990  
Charlotte, NC 28275-0990

Performance Food Service  
1144 Broadway Rd.  
Sanford, NC 27332

Petroserve Inc.  
7039 Ellison Road  
Stokesdale, NC 27357

Pizza Wholesale of Lexington  
PO Box 757  
Paris, KY 40362

Platinum Rapid Funding Group LTD  
348 RXR Plaza  
Uniondale, NY 11556

PNC Bank  
Attn: Officer or Managing Agent  
501 N. Main St  
Mount Airy, NC 27030

R.H. Barringer  
1015 Ziglar Rd  
Winston Salem, NC 27105

Republic Waste-NC  
PO Box 9001099  
Louisville, KY 40290-1099

Revenue Assurance Partners  
19399 Helenberg Rd., Stes. 5 & 6  
Covington, LA 70433

Rockaway Funding Solutions a.k.a. RFS  
3434 Fairway Rd  
Oceanside, NY 11572

Service Tools Co, LLC  
PO Box 12240  
New Iberia, LA 70562-2240

Steven Rohlfing

STMC  
PO Box 63056  
Charlotte, NC 28263-3056

Supremem Court of the State of New York  
Orange County  
Goshen, NY 10924

Surry County  
118 Hamby Road  
Dobson, NC 27017

Surry County Clerk of Superior Court  
201 E. Kapp St.  
Dobson, NC 27017

Surry County Fire Marshal  
1218 State Street, Suite 600  
Mount Airy, NC 27030

Surry County Tax Dept  
PO Box 576  
Dobson, NC 27017-0576

Venco Business Solutions  
50 Orchard View Lane  
Bland, VA 24315

Wake County District Court  
P.O. Box 351  
Raleigh, NC 27602

Wayne Rohlfing  
8773 W. Pine St  
Lowgap, NC 27024

Williams & Williams, Inc.  
PO Box 34307  
Louisville, KY 40232

Yellowstone Capital, LLC  
30 Broad Street, 14th Floor, Ste 1462  
New York, NY 10004

**United States Bankruptcy Court  
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**CORPORATE OWNERSHIP STATEMENT (RULE 7007.1)**

Pursuant to Federal Rule of Bankruptcy Procedure 7007.1 and to enable the Judges to evaluate possible disqualification or recusal, the undersigned counsel for **Lowgap Grocery & Grill, LLC** in the above captioned action, certifies that the following is a (are) corporation(s), other than the debtor or a governmental unit, that directly or indirectly own(s) 10% or more of any class of the corporation's(s') equity interests, or states that there are no entities to report under FRBP 7007.1:

☒ None [*Check if applicable*]

**April 3, 2018**

Date

**/s/ Steven Kent Taylor****Steven Kent Taylor 32333**

Signature of Attorney or Litigant

Counsel for **Lowgap Grocery & Grill, LLC****Taylor Law Office, P.C.****2280 S. Church St.****Suite 203****Burlington, NC 27215****336-376-7060 Fax:866-524-8670****Marshall@Taylorlawnc.com**